

DECLASSIFIED AND RELEASED BY
CENTRAL INTELLIGENCE AGENCY
SOURCE METHODS EXEMPTION 3028
NAZI WAR CRIMES DISCLOSURE ACT
DATE 2008 2008

BEST AVAILABLE COPY

FOR COORDINATION WITH INS

First name Laszlo		(Middle name) Laszlo	☒ MALE ☐ FEMALE	BIRTHDATE (Mo.-Day-Yr.) 05 25 1912	NATIONALITY Stateless	ALIEN REGISTRATION NO. (If any) A14 072 97
USED (Including names by previous marriages)		CITY AND COUNTRY OF BIRTH Vagujhely Hungary			SOCIAL SECURITY NO. (If any)	
FAMILY NAME		FIRST NAME	DATE, CITY AND COUNTRY OF BIRTH (If known)		CITY AND COUNTRY OF RESIDENCE	
FATHER TARNOI (KOSTYAL)		ALADAR (ALFRED)	HUNGARY		Deceased	
MOTHER (Maiden name)		JANICSEK Judit	Hungary		Deceased	
HUSBAND (If none, so state) OR WIFE	FAMILY NAME (For wife, give maiden name)	FIRST NAME	BIRTHDATE	CITY & COUNTRY OF BIRTH	DATE OF MARRIAGE	PLACE OF MARRIAGE
FORMER HUSBANDS OR WIVES (If none, so state)						
FAMILY NAME (For wife, give maiden name)		FIRST NAME	BIRTHDATE	DATE & PLACE OF MARRIAGE	DATE AND PLACE OF TERMINATION OF MARRIAGE	
Czirok Varga		Elisabet	Hungary	1944, Budapest	1953, Venezuela	
Strohl		Elisabet	Hungary	1958, Budapest	1963, Vienna	
APPLICANT'S RESIDENCE LAST FIVE YEARS. LIST PRESENT ADDRESS FIRST.						
STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	FROM MONTH YEAR	TO MONTH YEAR	
1536 Beech Valley Way	Atlanta	Georgia	DeKalb	Nov. 1 73	PRESENT TIME	
29 Louise Drive	Concord	N.C.		Jul. 1 70	Nov. 1 73	
Oxhaven Aptments	Oxford	Pa.		Aug. 1 68	Jul. 1 70	
NAI FISCAL 28 Sept 1966						
APPLICANT'S LAST ADDRESS IN THE UNITED STATES OF MORE THAN ONE YEAR						
STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	FROM MONTH YEAR	TO MONTH YEAR	
554 316/04857-66						
APPLICANT'S EMPLOYMENT LAST FIVE YEARS. (If none, so state.) LIST PRESENT EMPLOYMENT FIRST.						
FULL NAME AND ADDRESS OF EMPLOYER			OCCUPATION (SPECIFY)	FROM MONTH YEAR	TO MONTH YEAR	
Storey's Emory Cinema			Manager	March 73	PRESENT TIME	
Harber Scotia College, Concord, N.C.			Professor	Aug 70	Sep. 72	
Lincoln University, Pennsylvania			Professor	Aug 68	July 70	
Show below last occupation abroad if not shown above. (Include all information requested above.)						
None						
THIS FORM IS SUBMITTED IN CONNECTION WITH APPLICATION FOR:			SIGNATURE OF APPLICANT OR PETITIONER		DATE	
☐ NATURALIZATION ☐ ADJUSTMENT OF STATUS			Laszlo		10/30/74	
☒ OTHER (SPECIFY): Reentry Permit			IF YOUR NATIVE ALPHABET IS IN OTHER THAN ROMAN LETTERS, WRITE YOUR NAME IN YOUR NATIVE ALPHABET IN THIS SPACE			
Are all copies legible? ☐ Yes						

PENALTIES: SEVERE PENALTIES ARE PROVIDED BY LAW FOR KNOWINGLY AND WILLFULLY FALSIFYING OR CONCEALING A MATERIAL FACT.

APPLICANT: BE SURE TO PUT YOUR NAME AND ALIEN REGISTRATION NUMBER IN THE BOX OUTLINED BY HEAVY BORDER BELOW.

COMPLETE THIS BOX (Family name)	(Given name)	(Middle name)	(Alien registration number)
TARNOI,	Laszlo		014 072 976
(OTHER AGENCY USE)			INS USE (Office of Origin)
			OFFICE CODE A72-R
			TYPE OF CASE E131
			DATE 11/1/74
			Return to INS 1430 W. PEACHTREE ST., N. W. ATLANTA, GA. 30309